

**U.S. Department of Justice**  
**United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>				COURT CASE NUMBER CR No. 04-10372-WGY	
DEFENDANT Jess Siciliano, Michael Arco and George Kandirakis				TYPE OF PROCESS <b>Preliminary</b> <b>Order of Forfeiture</b>	

**SERVE**  
**AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**Dreyse pistol, serial number 57052, seized by, or turned over to, the Drug Enforcement Administration on or about December 2, 2004**

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

FILED  
CLERK'S OFFICE  
2005 DEC -6 P 4:12  
DISTRICT COURT  
DISTRICT OF MASS.

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please seize and maintain custody over the above-described property in accordance with the attached Preliminary Order of Forfeiture.

JMD x3296 CATS No. 05-DEA-458191

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE October 6, 2005
--	---	------------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <small>(Sign only first USM 285 if more than one USM 285 is submitted)</small>	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>11/18/05</u>
--	----------------------------	-------------------------------------	------------------------------------	--	-------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. *(See remarks below)*.

Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>11/18/05</u>
	Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
-------------	---	----------------	---------------	------------------	------------------------------	------------------

REMARKS: In USMS custody. Note S/N is 57052 ①

PRIOR EDITIONS MAY  
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD   ☐ NOTICE OF SERVICE   ☐ BILLING STATEMENT   ☐ ACKNOWLEDGMENT OF RECEIPT